PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Anthony et al.

Serial No.:

09/973,853

Case No.: 20757Y

Art Unit:

1624

Filed:

October 10, 2001

Examiner:

For:

AZA- AND POLYAZA-NAPHTHALENYL

CARBOXAMIDES USEFUL AS INTEGRASE

INHIBITORS

Coleman, Brenda L.

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

This communication is the second response to the Office Action mailed July 26, 2004, which set a three-month period for response that expires on October 26, 2004. A first response was mailed August 16, 2004, for which the Advisory Action mailed August 31, 2004 was received in reply.

Please amend the above-identified application as follows:

Amendments to the claims are shown in the listing of the claims that begins on page 2 of this paper.

Remarks begin on page 68 of this paper.

10/26/2004 MAHMED1 00000065 132755 09973853 01 FC:1201 176.00 DA ENPRESS MAL CERTIFICATE

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PATENT

ES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: ANTHONY ET AL.
Serial No. <u>09/973,853</u>
Filed October 10, 2001
Group Art Unit 1624
Examiner Coleman, Brenda L.

For: AZA-AND POLYAZA-NAPHTHALENYL CARBOXAMIDES **USEFUL AS INTEGRASE INHIBITORS**

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	*23	-	** =	X	\$18	=0.00
Independent Claims	* 8	-	*** =	X	\$88	=176.00
Multiple Dependent Claims					\$300 ****	=
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			176.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

 *** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 176.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

_	Respectfully,
DOPRESS MAIL CERTIFICATE	ر ب
DATE OF DEPOSIT 10-00-00	Kan att R 11) alter
EDPRESS MAR NO. EL 9895898150)	By: Kenneth R. Walton
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SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE"	Attorney for Applicant(s)
ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO	Reg. No. 32,951
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Date: October 22, 2004